

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|----|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | X | X | | | | |
| 5 | | 1 | | | | |
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| 25 | | 1 | | | | |
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| 49 | | | | | | |
| 50 | | | | | | |

TOTAL IND.

1

TOTAL DEP.

0

TOTAL CLAIMS

2

TOTAL IND.

1

TOTAL DEP.

0

TOTAL CLAIMS

2

TOTAL IND.

1

TOTAL DEP.

0

TOTAL CLAIMS

2

